



General Assembly

Amendment

January Session, 2017

LCO No. 8671



Offered by:

REP. RITTER M., 1st Dist.
REP. SANTIAGO, 130th Dist.
REP. SRINIVASAN, 31st Dist.
REP. KLARIDES, 114th Dist.
REP. PETIT, 22nd Dist.

To: Subst. House Bill No. **6025**

File No. 281

Cal. No. 211

"AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER VACCINES UNDER SUPERVISION."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (*Effective July 1, 2017*) Not later than January 1, 2018, the
4 Commissioner of Public Health, after consultation with the State Board
5 of Medical Examiners, shall report, in accordance with section 11-4a of
6 the general statutes, to the joint standing committee of the General
7 Assembly having cognizance of matters relating to public health
8 regarding its recommendations for establishing and implementing
9 educational and examination requirements or other qualifications to
10 permit medical assistants to prepare and administer vaccines
11 consistent with their scope of practice, experience and training.

12 Sec. 2. (*Effective July 1, 2017*) Not later than January 1, 2018, the
13 Department of Public Health, after consultation with the State Board of
14 Naturopathic Examiners, the Connecticut State Medical Society, the
15 Connecticut Nurses' Association and the Connecticut Hospital
16 Association, shall report, in accordance with section 11-4a of the
17 general statutes, to the joint standing committee of the General
18 Assembly having cognizance of matters relating to public health
19 regarding its recommendations for (1) educational, experience and
20 examination requirements or other qualifications that would permit
21 naturopathic physicians to prescribe and administer prescription
22 drugs, except narcotics, consistent with their scope of practice, and (2)
23 a naturopathic formulary of over-the-counter medications and
24 prescription drugs that naturopathic physicians who meet such
25 educational, experience and examination requirements or other
26 qualifications may use consistent with their practice and training.

27 Sec. 3. Section 38a-472h of the general statutes is repealed and the
28 following is substituted in lieu thereof (*Effective October 1, 2017*):

29 (a) No insurer, health care center, fraternal benefit society, hospital
30 service corporation, medical service corporation or other entity
31 delivering, issuing for delivery, renewing, amending or continuing:

32 (1) An individual or a group dental plan in this state shall include in
33 any contract with a dentist licensed pursuant to chapter 379 that is
34 entered into, renewed or amended on or after January 1, 2012, any
35 provision that requires such dentist to accept as payment an amount
36 set by such insurer, center, society, corporation or entity for services or
37 procedures provided to an insured or enrollee that are not covered
38 benefits under such insured's or enrollee's plan; [or]

39 (2) An individual or a group vision plan in this state shall include in
40 any contract with an optometrist licensed pursuant to chapter 380 that
41 is entered into, renewed or amended on or after January 1, 2016, any
42 provision that requires such optometrist to accept as payment an
43 amount set by such insurer, center, society, corporation or entity for

44 services or procedures provided to an insured or enrollee that are not
45 covered benefits under such insured's or enrollee's plan; or

46 (3) An individual or a group vision plan in this state shall include in
47 any contract with an ophthalmologist licensed pursuant to chapter 370
48 that is entered into, renewed or amended on or after January 1, 2018,
49 any provision that requires such ophthalmologist to accept as payment
50 an amount set by such insurer, center, society, corporation or entity for
51 services, products or procedures provided to an insured or enrollee
52 that are not covered benefits under such insured's or enrollee's plan.

53 (b) No dentist [or optometrist] shall charge more for services or
54 procedures that are not covered benefits than such dentist's [or
55 optometrist's] usual and customary rate for such services or
56 procedures.

57 (c) No optometrist or ophthalmologist shall charge more for
58 services, products or procedures that are not covered benefits than
59 such optometrist's or ophthalmologist's usual and customary rate for
60 such services, products or procedures.

61 [(c)] (d) (1) Each evidence of coverage for an individual or a group
62 dental plan shall include the following statement:

63 "IMPORTANT: If you opt to receive dental services or procedures
64 that are not covered benefits under this plan, a participating dental
65 provider may charge you his or her usual and customary rate for such
66 services or procedures. Prior to providing you with dental services or
67 procedures that are not covered benefits, the dental provider should
68 provide you with a treatment plan that includes each anticipated
69 service or procedure to be provided and the estimated cost of each
70 such service or procedure. To fully understand your coverage, you
71 may wish to review your evidence of coverage document."

72 (2) Each evidence of coverage for an individual or a group vision
73 plan shall include the following statement:

74 "IMPORTANT: If you opt to receive optometric or ophthalmologic
 75 services, products or procedures that are not covered benefits under
 76 this plan, a participating optometrist or ophthalmologist may charge
 77 you his or her usual and customary rate for such services, products or
 78 procedures. Prior to providing you with optometric or ophthalmologic
 79 services, products or procedures that are not covered benefits, the
 80 optometrist or ophthalmologist should provide you with a treatment
 81 plan that includes each anticipated service, product or procedure to be
 82 provided and the estimated cost of each such service, product or
 83 procedure. To fully understand your coverage, you may wish to
 84 review your evidence of coverage document."

85 [(d)] (e) Each dentist [and optometrist] shall post, in a conspicuous
 86 place, a notice stating that services or procedures that are not covered
 87 benefits under an insurance policy or plan might not be offered at a
 88 discounted rate.

89 (f) Each optometrist or ophthalmologist shall post, in a conspicuous
 90 place, a notice stating that services, products or procedures that are not
 91 covered benefits under an insurance policy or plan might not be
 92 offered at a discounted rate.

93 [(e)] (g) The provisions of this section shall not apply to (1) a self-
 94 insured plan that covers dental services or optometric services, or (2) a
 95 contract that is incorporated in or derived from a collective bargaining
 96 agreement or in which some or all of the material terms are subject to a
 97 collective bargaining process."

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2017	New section
Sec. 2	July 1, 2017	New section
Sec. 3	October 1, 2017	38a-472h

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